

MOBILIZATION FORM INSTRUCTIONS

MOBILIZATION CAREER INVOICE - WORKSHEET FORM 16-2B

Form Use:

This form is to be used to show how the Total Cost of Compensation and hours claimed were derived.

Completing Form:

- Fill in the boxes with the information requested.
- Use one form per employee, per event. If employee went to event and also filled a backfill/replacement role, two forms are needed, one for each assignment.

EXAMPLE

Attach One Form Per Firefighter Per Event	Reimbursement Rate	
Name: John Doe	Regular Hours Rate	Overtime Hours Rate
Check One: <input checked="" type="checkbox"/> Career <input type="checkbox"/> Backfill/Replacement		
Base Hourly Rate (No Benefits Included)	\$ 15.00	\$ 22.50
Social Security (Hourly) If Applicable \$.17	\$.17	\$.26
Medicare (Hourly) % \$.32	\$.32	\$.48
LEOFF / PERS (Hourly) % \$ 1.25	\$ 1.25	\$ 1.88
L&I Insurance (Actual Hourly Rate) \$.31	\$.31	\$.47
Medical/Dental Insurance \$ 2.45	\$ 2.45	
Monthly Rate \$ Divided by Regular Hours = Hourly Amount		
Life Insurance, Employee Assistance Program, and Disability Insurance Included with Medical Insurance.		
Total Cost of Compensation Rate	\$ 19.50	\$ 25.59

Hours Worked:

Date	On/Off Shift	Hours From	Hours To	Regular Hours	Overtime Hours	Shift
1) 8/2-3/00	On-shift	8:00 AM	8:00 AM	12	0	A
2) 8/3-4/00	Off-shift	8:00 AM	3:30 PM	0	7.5	Off
Total Hours				12	7.5	Total Amount
Total Dollars (Hours x TCC Rates Above)				\$ 19.50	\$ 25.59	\$ 425.93
Backfill/Replacement (Overtime Hours x TCC Divided By 3)				\$	\$	\$

This is an example of a career fire jurisdiction employee who leaves half way through a 24-hour shift on a mobilization. On the second day the employee works only 7.5 hours including travel time home.

Return The Completed Form Within 45 Days Of The Event.

EMERGENCY MOBILIZATION SECTION
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